ENGAGEMENT RECORD AND REFERENCE FORM FOR LAND SURVEYOR APPLICATION

GENERAL INSTRUCTIONS AND INFORMATION

For your information. Please do not send these instructions to the Board.

The applicant must complete one form for EACH engagement (a minimum of 4 are required of each applicant) and no more than one engagement may be listed on a form. The applicant's name must appear on each page of the two-page form.

The applicant must TYPE all of Part "A", or complete it online. THE DETAILED SUMMARY OF THE ENGAGEMENT MUST BE INCLUDED ON PART A ("see attached" is not acceptable). Part A must be completed and signed by the applicant and sent to the reference, who will complete and sign Part B. Part B does *not* need to be typed. Each reference should receive a copy of these instructions, a copy of the INFORMATION COLLECTION, ACCESS, AND DISCLOSURE statement, the appropriate Part A for the engagement, Part B with applicant's name on it, and a stamped envelope addressed to the applicant. Each reference must personally complete and sign Part "B" of the form, seal both Part A and Part B in the signature envelope provided, sign and place his or her professional seal across the envelope flap, and return the sealed envelope to the applicant. The applicant must send all reference envelopes (unopened) with the completed application forms to the Board postmarked by the final filing date. An application is incomplete unless all the required forms have been filed.

The applicant should carefully prepare each reference's Part "A". Each separate engagement must be identified and engagements cannot overlap. All applicable time since the beginning of the applicant's work experience must be accounted for. The Engagement Record should be complete up to the FINAL FILING DATE. Summarize each separate engagement on the forms. Additional sheets may be used; but not instead of the Board prescribed form (Business and Professions Code Section 8740). THE PRESENT ENGAGEMENT IS NUMBER ONE (1). State exact beginning dates (day, month, year), or month end will be assumed. Different projects for one employer are not separate engagements. Different positions and/or levels of responsibility (i.e.: rod person, instrument person, party chief, etc.) for one employer are considered separate engagements

REFERENCES REQUIRED - References must comply with Section 8743 of the Business and Professions Code which is as follows:

"An applicant for licensure as a Professional Land Surveyor must include the names and addresses of <u>at least four</u> land surveyors or civil engineers who are duly qualified to practice land surveying in the place where such practice has been conducted, each of whom has sufficient knowledge of the applicant to enable him to certify to the applicant's professional integrity, ability and fitness to receive a license"

References from supervisors are preferred. However, if an applicant cannot obtain references from four supervisors, references may be obtained from other licensed individuals who have personal knowledge of the applicant's qualifying work experience. An Employment Verification form may be required for each engagement where the applicant cannot have a supervisor complete the Reference form. References from relatives by birth or marriage are not acceptable.

Each reference must complete the Reference form (Part "B") personally. The statements should reflect the reference's professional opinion, based on personal knowledge.

It is the applicant's responsibility to select references who can verify the applicant's appropriate qualifying experience and responsible field and office training. The applicant, not the Board, must communicate directly with the references to ensure he or she receives the reference envelopes in time to transmit them to the Board in the application packet by the final filing date.

QUALIFYING WORK EXPERIENCE (RESPONSIBLE FIELD AND OFFICE TRAINING) REQUIREMENTS – The following should be considered when completing the Engagement Record and Reference form:

Qualifying experience shall be counted on an actual time worked basis and is usually gained during full-time employment. Part-time, short-time or overtime employment may be counted towards satisfaction of the qualifying experience requirements; however, no more than one day's experience credit can be gained for one day's work, regardless of how many hours are worked during that day. Summer work experience while in school pursuing a two or four year degree does not count as qualifying work/training experience.

RESPONSIBLE FIELD AND OFFICE TRAINING – An applicant's total qualifying work experience shall include at least one year of <u>responsible</u> field training and at least one year of <u>responsible</u> office training gained by participating, in a lead position, directly and responsibly in two or more of the activities listed in Section 8726 (a)-(g) and (l) of the Professional Land Surveyors' Act. <u>Responsible field and office training</u> must be under the immediate direction and supervision of a Licensed Land Surveyor or a Registered Civil Engineer authorized to practice land surveying.

CAUTIONS TO APPLICANTS AND REFERENCES – Section 8780 of the Business and Professions code states: "By a majority vote, the Board may suspend for a period not to exceed two years, or revoke, the license or certificate of any licensed Professional Land Surveyor or registered Civil Engineer, respectively, licensed under this Chapter or registered under the provision of Chapter 7 (commencing with Section 6700) of Division 3, whom it finds to be guilty of:

- (b) any fraud or deceit in obtaining his/her license.
- (c) aiding or abetting any person in the violation of any provision of this Chapter..."

INFORMATION COLLECTION, ACCESS AND DISCLOSURE

* *This statement is for your information. Please do not send this to the Board.* *

The Information Practices Act, Sec. 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

AGENCY NAME:

Board for Professional Engineers and Land Surveyors

TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE:

Executive Officer

ADDRESS:

2535 Capitol Oaks Drive, Suite 300, Sacramento, CA 95833-2944

INTERNET ADDRESS:

www.dca.ca.gov/pels

TELEPHONE NUMBER:

(916) 263-2222

AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION:

Sections 6700 to 6799, inclusive, comprising Chapter 7, Division 3, of the California Business and Professions Code, and Sections 8700 to 8805, inclusive, comprising Chapter 15, Division 3, of the California Business and Professions Code.

CONSEQUENCES OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION:

It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

PRINCIPAL PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED:

The information requested will be used to determine qualifications for licensure or certification to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

ANY KNOWN OR FORESEEABLE DISCLOSURES WHICH MAY BE MADE OF THE INFORMATION:

Your completed application becomes the property of the board and will be used by authorized personnel to determine your eligibility for a license or certification. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code Section 6250 et seq.) and the Information Practices Act (Civ. Code Section 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law. **Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.**

SOCIAL SECURITY NUMBER (SSN)/INDIVIDUAL TAX IDENTIFICATION NUMBER (ITIN) DISCLOSURE

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 U.S.C.A. Section 405(c)(2)(C)] authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you. U.S. Citizens, if you do not have a social security number you may contact your local United States social Security Office at 1-800-722-1213. Non-U.S. citizens without a social security number may request an individual tax identification number from The Department of Treasury (Internal Revenue Service) at (215) 516-4846.

Each individual has the right to review the files on records maintained on them by the agency, unless the records are exempt under Section 1798.40 of the Information Practices Act. You may gain access to the information by contacting the board at the above address.



BOARD FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS



2535 Capitol Oaks Drive, Suite 300, Sacramento CA 95833-2944 (916) 263-2222 CALNET: 8-435-2222 Facsimile: (916) 263-2246 www.dca.ca.gov/pels

LAND SURVEYOR ENGAGEMENT RECORD AND REFERENCE FORM

This form must be submitted for each engagement claimed as qualifying experience. "SEE ATTACHED" and Resumes are <u>not acceptable</u> in lieu of this form. *This form must be typed, or it will be returned to applicant.* **NOTE: Applicant must complete and print this form for EACH reference (minimum of four).** Each engagement being claimed as qualifying experience must be summarized on a separate form with a new engagement number.

· Гhis form mu	st be received in the B	oard Office po	stmarked by	the Final Filing	Date of		FOR OFFICE USE ONLY Applicant ID Number:	
Failure to have examination.	e all documents in the	Board Office	by the final f	filing date will res	sult in the Ap	plicant not being	g set to the current	
A COF		MATION C	OLLECTIO	•	AND DIS	CLOSURE M	IUST BE INCLUDED.	
1, the Applic 1. NAME: La		Experience a	as required by the Board Rules and the Business and Professions Code. Middle					
2. ADDRESS: Street and Number City			City		State	Zip Code	Country	
			4. Telephone	e (Area Code, Num	hber & Ext.)			
			Home:	Business:				
Engagement Number	TOTAL TIME WORKED (for this engagement)			Employer Name:				
Number	DATES (mo/day/year)		Total Months	Employer Address:				
	From To	Го		Applicant's Title (for this engagement):				
RESPONSIBI	_E TRAINING	MON	ITHS	Reference/Superv		Address and Telep	ohone:	
	the total months above s responsible field training	1						
for this engag				License No. State Exp. Date				
How many of the total months above are claimed as responsible office training for this engagement?				License No State Exp. Date If reference is other than supervisor, indicate below the professional relationship of the reference for this engagement. (See general instructions for				
				additional information.) Co-Worker Client			Other	
	SUMMARY OF LAND a brief description will				ement is for	other than qualit		
Level of Res	sponsibility (i.e. rod per	son, instrume	ent person, p	arty chief, survey	/ computatio	ns, map prepara	ation, etc.):	
Surveying D	ecisions Made:							
Projects:								
claimed for Qualifying e Experience	education. It does not experience may be less	include overti that the total means land	me, training, I number of r surveying er	, orientation, and months worked. I mployment that re	non-land su t is compute equires the a	urveyor or summed by Total Montle applicant to use	It does not overlap with credit ner work while a student. ths Worked less Non-Qualifying sound judgment in making	
Signature of Applicant					I	Date		

	RTB – TO BE COMPLETED BY REFEREN	ICE FOR:					
(PAF	RT B DOES NOT NEED TO BE TYPED)			Applicant's Name			
the Pla	rence may request additional experience information Language Pamphlet (www.dca.ca.gov/pels.applicant in the envelope provided by the appl	e_plpls.pdf). The re	eference must p	ersonally complete, sign	n, seal and return this form		
1. M	y relation with the Applicant has been/is:	Employer	Superviso	r Co-Worker*	Associate*		
	Reviewed Work*	Blood/Marriage*	Other*	*For all categories foll please explain in Rem			
	es the information presented by the applicant a IO, please explain in REMARKS section.	accurately reflect the	e applicant's qu	alifying experience?	☐ YES ☐ NO		
(Se	you agree that the applicant has had <u>responsi</u> se Engagement Record and Reference Form O IO, please explain in REMARKS section.				YES NO		
(Se	you agree that the applicant has had <u>responsi</u> e "Engagement Record and Reference Form IO, please explain in REMARKS section.		fice training for the number of months indicated? I YES NO I Instructions and Information" for definition)				
	te the last date you directly or indirectly obserobserved the applicant: DIRECTLY	ved the applicant pe	erforming land-s	surveying duties. Date:			
-	our opinion, is the applicant competent to be lid Surveying work? If you DON'T KNOW, plea :			-	•		
7. Fr	rom MY PERSONAL KNOWLEDGE, my a	ppraisal of the ap	plicant is as fo	ollows:			
	ACTIVITY	EXCELLENT		UST NOT	DON'T		
	Quality of Work		GOOD COM	PETENT COMPETENT	KNOW		
	Professional Integrity	H	H	H H	H		
	Judgment	H	H	H H	H		
	Ethics	H	H		H		
	APPLICATION OF TECHNICAL	KNOWI FDGF TO	THE FOLLOW	□ □			
	Construction Surveying						
	Topographic Surveying	H			H		
	Boundary Surveying	H			H		
	Subdivision Law	H		H H			
	Control Surveying	H	H	H	H		
	Legal Descriptions	H	H	H			
	Survey Mapping	H	H	H	H		
REM	ARKS:						
8. I ce	ertify that I have read and understand the laws	, rules and regulatio	ons regarding lic	ensure as a Professiona	al Land Surveyor relative		
to t	his applicant's qualifications. This document a	ccurately reflects m	y opinion and k	nowledge of the applica	nt's qualifications,		
	fessional integrity, ability and fitness to be lice authorized to practice Land Surveying and the						
Your T			Signature:	and correct to the best c			
	Company Name*		Your Name (
Addres	SS			expire Date:			
Dhara					l		
Phone			Date				

^{*}If your company name is not the same as that of the applicant, please explain under "Remarks" how you know of his/her experience.

PLEASE STAMP OR SEAL THIS FORM WITH YOUR PROFESSIONAL LAND SURVEYOR'S OR CIVIL ENGINEER'S STAMP

Write your signature and stamp your seal across the closed flap of the envelope before mailing this form to the applicant.